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Good afternoon Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee. I am here to testify in support of five bills on your agenda today: H.B. 6612 AN ACT CONCERNING THE HEALTH INSURANCE GRIEVANCE PROCESS FOR ADVERSE DETERMINATIONS, THE OFFICE OF THE HEALTHCARE ADVOCATE AND MENTAL HEALTH PARITY COMPLIANCE CHECKS, S.B. 1089 AN ACT CONCERNING THE QUALIFICATIONS OF CLINICAL PEERS FOR ADVERSE DETERMINATION REVIEWS, S.B. 1090 AN ACT DECREASING THE TIME FRAME FOR CERTAIN ADVERSE DETERMINATION GRIEVANCES, S.B. 1091 AN ACT ESTABLISHING A TASK FORCE TO STUDY HEALTH INSURANCE COVERAGE OF AND PROGRAM ENROLLMENT OPTIONS FOR TREATMENT THAT IS ORDERED BY A COURT FOR MENTAL DISORDERS, and S.B. 1088 AN ACT ESTABLISHING A TASK FORCE TO STUDY ADVERSE DETERMINATIONS BY HEALTH CARRIERS FOR THE TREATMENT OF MENTAL DISORDERS.

HB 6612 would make several important changes regarding insurance coverage for mental health care. It would define all requests for care of mental health and substance abuse disorders as urgent care requests. This would acknowledge the fact that time is crucial in treatment of these disorders. This legislation also includes specific requirements for clinical review criteria regarding treatment of mental health and substance abuse disorder; too often patients have suffered when clinical review criteria is unclear and inaccurate or is not disclosed at all.

This bill would also require that insurers provide patients (not just mental health patients) with a listing of the clinical review criteria used in making the adverse determination as well as with information that the Office of the Healthcare Advocate can assist patients in appealing the adverse determination.

HB 6612 includes within it the provisions of SB 1089 and SB 1090.

SB 1089 and HB 6612 would be in line with the recommendations of the Program Review and Investigations Committee to enact a more stringent definition of "clinical peer" in the appeal process for adverse determinations. This definition would be consistent with the definition of clinical peer used in our medical malpractice statutes. Requiring that the clinical peers used to evaluate adverse determination reviews be certified specialists would result in more accurate and appropriate determinations. This would benefit all parties involved and make our healthcare system more effective. SB 1090 and HB 6612 would decrease the timeframe for expedited reviews; this time

frame was unfortunately lengthened in PA 11-58. Under the current system, the insurer has 72 hours to respond to an urgent care request; in some cases 72 hours can put a patient in serious danger of a negative outcome.

SB 1091 would create a task for to study health insurance coverage and program options for court ordered mental health treatment. I recently became aware that many insurance policies contain an exclusion for coverage of court ordered mental health treatment. Thus the state always pays for this treatment even when the patient has valid health insurance which would cover the same treatment if it were not being ordered by the court. It seems that this is an irrational cost shift that creates unnecessary financial burdens on the state.

SB 1088 would create a task force to study adverse determinations by health carriers for the treatment of mental disorders. One of the crucial issues in mental health treatment is the resistance that insurers have shown in covering these illnesses. Information regarding the numbers, frequencies, and final outcomes of adverse determinations for mental health coverage would be extraordinarily helpful as we craft policies to ensure access to mental health treatment.

Thank you for hearing these timely and crucial bills.

